Beaver Brook Gardens

APPLICATION CHECKLIST

209 Comly Road, Office A12, Lincoln Park, NJ 07035 T: 973-696-7232 - F: 973-696-1680

WE WILL NOT PROCESS YOUR APPLICATION WITHOUT THE DOCUMENTS LISTED BELOW.

_____ **DRIVERS LICENSE COPY (VALID AND LEGIBLE)**

_____ **SOCIAL SECURITY CARD (MUST BE VALID AND VERIFIABLE PROOF OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS ID)**

_____ **2 RECENT PAYSTUBS OR OFFER LETTER (VERIFIABLE INCOME ONLY. CASH IS NOT VERIFIABLE).**

_____ **MORTGAGE CONTRACT OF SALE. IF YOU HAVE A MORTGAGE AND SELLING YOUR HOME.**

_____ **APPLICATION.** – Please fill out completely. Initial where it says NO COMMERCIAL VEHICLES. Initial which type of PETS

_____ **STATEMENT OF RENTAL POLICY** – Please read and all have applicant's sign.

_____ **LANDLORD PROTECT RELEASE FORM** – Please make sure you print clearly and sign. This gives us permission to look up your credit, criminal reports, and social security number.

_____ **PERMISSION TO RELEASE INCOME AND EMPLOYMENT VERIFICATION** - Employer is to fill out this form to verify your income.

_____ **RENT HISTORY VERIFICATION FORM-** If you are currently renting, your Landlord or Rental Office Personnel must fill out this form.

_____ **BANK CERTIFIED CHECK OR MONEY ORDERS APPLICATION FEE** – Please provide a $50.00 processing fee per application. (non-refundable) . Make this payable to: **BEAVCO L.L.C**

_____ **COPY OF ALL CAR REGISTRATION** _____ **No Carer**

_____ **PROOF OF RENTER INSURANCE**

_____ **PET REQUIREMENTS**
_____ Proof and/or Updated Vaccinations from Veterinarian for Cat/Dog
_____ Proof of Spaying/Neutering for Cat/Dog
_____ Proof of Renter Insurance with Coverage of Dog Liability

AFTER APPROVAL (MUST BE RETURNED)

****HOLDING DEPOSIT OF $1,000.00 BANK CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO BEAVCO LLC DUE AFTER APPROVED**

_____ **DOG LICENSE PROOF OF DOG LICENSE**

_____ **JCPL/FIRST ENERGY ELECTRIC ACCOUNT FORM**

I/we have read and understand the attached application process. I/we understand that processing can be stopped at any point whenever the applicant fails to meet the guidelines.

_____ Applicant's Signature

_____ Applicant's Signature

_____ Applicant's Signature

STATEMENT OF RENTAL POLICY

We are an equal opportunity housing provider. We comply with the Federal Fair Housing Act and all Applicable State housing laws. We do not discriminate against any person because of race, color, religion, sex or sexual orientation, disability, familial status, national origin, or source of income.

1. **Occupancy guidelines**. To Our occupancy standards are governed by the Borough of Lincoln Park, Morris County, New Jersey. Occupants six years of age or younger do not count as an occupant.

2. **Rental Criteria**. To qualify for residency, you must meet the following criteria:

- **Income**. Your monthly gross income must be at least equal to three times the monthly housing costs. In the case of Section 8 applicants, your monthly gross income must be at least equal to the amount necessary to pay these housing expenses giving consideration to all expenses on this list but only considering your share of your monthly rent.

  Landlord requires income verification by receipt of the applicant's tax return for the year preceding the application and/or copies of the applicant's last two pay check stubs showing year to date income. If the applicant is retired or on social security, documentation verifying this income will be required.

  If you do not meet the income requirements, a Cosigner or Cosigners will be required. A Cosigner should earn approximately $80,000 annually and be able to afford their mortgage or rent along with your rent should you default on your account. Same credit history requirements apply as prospective tenant applying.

  Rental history. We have the right to disqualify your application, if there is unsatisfactory rental history. If you have ever been evicted or have been sued for any lease violation, and/or account(s) which have not been satisfied.

  Credit history. All circumstances are considered in light of the current recession, however your credit record must be satisfactory. We have the right to disqualify your application, if there are any prior unpaid judgments or bankruptcies within two years prior to the application, any unpaid credit accounts (excluding any unpaid accounts for medical services in an amount less than $1000.00), habitual late payment or credit accounts closed by the creditor due to the applicant's failure to pay in accordance with his agreement.

  Mortgage. If you are selling a home and have a mortgage, we would require a fully executed copy of the Contract of Sale signed by both parties. This will enable us to accurate calculate the debt ratio based on the sale of the home.

  Criminal history. If you or any of your proposed occupants have ever been convicted of or plead guilty to a felony, (or in New Jersey a crime of the fourth degree or greater) we will reject your application. If you or any of your proposed occupants have been convicted of or plead guilty to a misdemeanor (or in New Jersey a disorderly persons offense) involving dishonesty, property damage, or violence within the past ten years, we will reject your application.

Application process: We evaluate every tenancy application in the following manner: You must sign an application form which confirms that you have read the application instructions and you were advised of the new rent you will be charged. You must submit a rental application and answer **all questions** on the form. (All Section 8 applicants must provide a copy of their Request For Tenancy Approval Voucher from their Rental Assistance Program).

Incomplete applications will be returned to the applicant. If they remain incomplete the application will be

rejected. (For section 8 applicants before an approval of the housing unit including rent and a written commitment to pay the rent is received by the Landlord from the Housing assistance provider.)

In order for your application to be processed, you must pay the following $50.00 non-refundable application fee (includes credit check, criminal and social security check) for each applicant for tenancy that will live in the apartment. Once a completed application is received, we will then determine from your responses to the application questions if you qualify for the tenancy based upon rental history, income and/or credit history. If you do not, we will reject your application.

We will then check your credit report, employment and rental references to confirm that they meet our rental criteria and that they agree with your application.

If you meet our rental criteria, we will approve your application. The amount of time this process takes may vary depending upon the information required and the responsiveness of third parties to provide this information.

We will process an application only if proper identification for each person listed as a prospective tenant and resident are provided to the rental office. **This includes a copy of the prospective residents' driver's license and social security cards.**

I hereby acknowledge reading everything that has been typed above. I acknowledge that I understand it all, all of my questions have been answered by the Landlord's representative who has given me this document and I agree to comply with this application process. I acknowledge that if I find any of these requirements to be objectionable that I have the right to seek housing elsewhere.

Prices are subjected to change.

_____
(Signature)

_____,
(Print Name) Date: _____

_____
(Signature)

_____,
(Print Name) Date: _____

Revised 1/30/2018

BEAVER BROOK GARDENS

209 Comly Road, Apt A-12, Lincoln Park, NJ 07035
Tel: 973-696-7232 Fax: 973-696-1680

_____

American Properties Realty, Inc.
517 Route One South, Suite 2100
Iselin, NJ 08830-3011
Tel: 732-283-9700
Date: _____
Agent's Comments: _____

APPLICATION FOR LEASE OF APARTMENT

Initial _____**NO COMMERCIAL VEHICLES**
Initial _____**NO PETS**_____**DOG or**____**CAT**
Apt. No:_____ Floor: _____
Garage No:_____ Type of Apt Size:_____
Monthly Rental: _____
Security: _____
Length of Lease: _____Yrs. _____Mos.
From: _____ To: _____
Move in Date: _____

IN ORDER TO RECEIVE PROMPT CONSIDERATION, THE APPLICATION MUST BE FILLED IN FULLY.

1)Name_____Age___Home or Cell #_____
EMAIL_____Car Tag/Plate #:_____ Driver's License#:_____
Present Address_____ SS or Visa#_____
Present landlord_____ Phone No. _____
How long at Present Address____ Present Rent_____ or Present Mtg._____ Explanation_____
Name of Employer_____Position Held _____
Address of Employer_____EMP.Phone No._____
Length of Employment_____Annual Salary_____ Supervisor_____

2)Name_____Age___Home or Cell #_____
EMAIL_____Car Tag/Plate #:_____ Driver's License#:_____
Present Address_____ SS or Visa#_____
Present landlord_____ Phone No. _____
How long at Present Address____ Present Rent_____ or Present Mtg._____ Explanation_____
Name of Employer_____Position Held _____
Address of Employer_____ EMP Phone No._____
Length of Employment_____Annual Salary_____ Supervisor_____

How many will occupy premises:Adults____Children___Child's full name & age_____
List any charge Accounts_____
Name of Bank_____Town_____
LIST ONE BUSINESS REFERENCE:
_____Phone No._____
List two persons who will always know your whereabouts:
Name_____Phone No._____
Name_____Phone No._____

The applicant hereby represents that the above statements are true and are made to induce the landlord to lease him/her an apartment. I/we hereby make application to enter into the standard lease, for the apartment, at the rental and for the term as herein above specified. I/we understand that this application is subject to approval of the landlord. If this application is accepted, I/we agree to sign a lease as herein requested for this apartment. Should this application not be approved, the landlord, or its agent, shall not be responsible for any claim of damage other then the return of deposit. If I/we do not sign the lease submitted to me/us, together with any payments provided therein be made, within seven days, the landlord or landlords' agent my, at their option, cancel this application, and the deposit paid by the applicant under this agreement shall be retained as liquidated damages. Applicant authorizes authorizes American Properties & Management, Inc. to run credit report, criminal background check and social security card check.

Date:_____
Received $_____ Bank Certified Check/Money Order
Subject to conditions and agreements contained herein. Signature of Applicants(s)
1._____
By_____ 2._____
Initial ____**ABSOLUTELY NO WASHING MACHINES, DRYERS, DISHWASHER, OR SATELLITE DISHES!**

Landlord Protect Tenant Release Form

The information on this page is to be completed by the <u>prospective</u> <u>tenant</u> for the purposes of obtaining a rental lease. *(PLEASE PRINT CLEARLY)*

_____ _____

Applicant Name – First, Middle, Last **Social Security Number**

_____

Current Address - City, State, Zip Code

_____ _____

Previous Address - City, State, Zip Code **Birth Date – MM/DD/YYYY**

_____ _____ _____

Work Phone Number & Extension **Home Phone Number** **EMAIL ADDRESS**

I Hereby grant the above apartment/landlord/realtor, whichever is applicable, and its designee, Landlord Protect, a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the dates and terms of the lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord or realtor regardless if rental lease is granted or renewed.

_____ _____

(Applicant Signature) **(Date)**

Below must be completed by authorized personnel for this application to be processed!

_____

(Please add any additional comments you wish us to know concerning this application)

_____ _____ _____

(7 Digit Account Number) **(Company Name)** **(Processor Name)**

P.O. Box 521 Absecon, NJ 08201 * Phone (800) 221-9379 * Fax (800) 345-9379

Landlord Protect Tenant Release Form

The information on this page is to be completed by the prospective tenant for the purposes of obtaining a rental lease.

(PLEASE PRINT CLEARLY)

_____ _____

Applicant Name – First, Middle, Last **Social Security Number**

_____

Current Address - City, State, Zip Code

_____ _____

Previous Address - City, State, Zip Code **Birth Date – MM/DD/YYYY**

_____ _____ _____

Work Phone Number & Extension **Home Phone Number** **EMAIL ADDRESS**

I Hereby grant the above apartment/landlord/realtor, whichever is applicable, and its designee, Landlord Protect, a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the dates and terms of the lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord or realtor regardless if rental lease is granted or renewed.

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_____

(Please add any additional comments you wish us to know concerning this application)

_____ _____ _____

(7 Digit Account Number) **(Company Name)** **(Processor Name)**

P.O. Box 521 Absecon, NJ 08201 * Phone (800) 221-9379 * Fax (800) 345-9379

PERMISSION TO RELEASE INCOME AND EMPLOYMENT VERIFICATION

Name: _____ Social Security#:_____

Home Address: _____

City: _____ State: _____ Zip: _____
Home Ph: _____ Wk Ph: _____ Cell/Pager: _____

I, _____, hereby grant permission to release income and employment verification to Beaver Brook Gardens, 209 Comly Road, Office A-12, Lincoln Park, New Jersey 07035, Telephone 973-696-7232.

Please forward to me or fax this completed and signed verification to: Beaver Brook Gardens via Fax 973-696-1680.

THIS SECTION BELOW TO BE COMPLETED BY EMPLOYER

Employee Name_____ Job Title:_____

Social Security Number / ITIN Number _____

Presently Employed Yes_____ Date First Employed_____ No___
Last Day of Employm ent_____

Current Wages/Salary $ _____ (circle one) hourly weekly bi-weekly Semi-monthly monthly yearly other _____

Average # of regular hours per week_____ Year-to-date earnings $_____
through_____ /_____ /_____

Overtime Rate $_____ per hour Average # of overtime hours per week_____

Shift Differential Rate $_____ per hour Average # of shift differential hours per week_____

Commissions, bonuses, tips, other $_____ (circle one) hourly weekly Bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months_____ Effective date_____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s)
_____

Additional remarks_____

Company Name _____

Signature _____ Date _____

Print Your Name _____ Tel. # _____

Title _____ Address_____

PERMISSION TO RELEASE INCOME AND EMPLOYMENT VERIFICATION

Name: _____ Social Security#:_____

Home Address: _____

City: _____ State: _____ Zip: _____
Home Ph: _____ Wk Ph: _____ Cell/Pager: _____

I, _____, hereby grant permission to release income and employment verification to Beaver Brook Gardens, 209 Comly Road, Office A-12, Lincoln Park, New Jersey 07035, Telephone 973-696-7232.

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Employee Name_____ Job Title_____

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Presently Employed Yes_____ Date First Employed_____ No___
Last Day of Employment_____

Current Wages/Salary $ _____ (circle one) hourly weekly bi-weekly Semi-monthly monthly yearly other _____

Average # of regular hours per week_____ Year-to-date earnings $_____ through_____ /_____ /_____

Overtime Rate $_____ per hour Average # of overtime hours per week_____

Shift Differential Rate $_____ per hour Average # of shift differential hours per week_____

Commissions, bonuses, tips, other $_____ (circle one) hourly weekly Bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months_____ Effective date_____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) _____

Additional remarks_____

Company Name _____

Signature _____ Date _____

Print Your Name _____ Tel. # _____

Title _____ Address_____

RENTAL VERIFICATION REQUEST

Applicant(s) please complete and sign top portion of form only. Your current & former landlords will be asked to complete bottom portion.

Name of Applicant(s)_____

*Signature_____ Date: _____

*Signature_____ Date: _____

By the signature(s) above, the above named applicant(s) have authorized our company to check references for rental purposes. Please fill out the informations requested below and fax back to the number below.

PLEASE EMAIL TO jflori@americanproperties.net **OR FAX 973-696-1680**

Property or Landlord name_____

Monthly rent amount_____ Length of residency_____

Number of late Payments_____ Returned Checks?_____

Any Documented Complaints?

If so, please explain_____

_____

_____

_____

Was Applicant asked to Move?_____

If no, Did Applicant give proper notice?_____

Was Unit left in Good Condition?_____

If no, Please explain damages or cleaning needed_____

_____

Any Money left owing?_____Amount?_____

Would you re-rent to applicant?_____
Additional Coments:_____
_____

LANDLORD SIGNATURE:_____ DATE: _____

BEAVER BROOK GARDENS

IMPORTANT UPDATE

Dear Tenant(s):

Kindly fill out the parking registration below for your vehicle(s) and return at your earliest convenience.

It may be necessary to identify vehicles quickly during ongoing/new projects scheduled this year, emergencies and general maintenance, which may impede completion of said work.

We thank you in advance for your cooperation in this matter.

Sincerely,

Jude Flori, Property Manager

DRIVER'S LAST NAME	FIRST	MIDDLE	PARKING PERMIT NO.	CATEGORY

Home Phone		Date Issued	Date Expires
Work Phone		Parking Permit Color	
VEHICLE MAKE/MODEL		Parking Area/Space Assignment	
Vehicle Year	Vehicle Color(s)	Put Parking Permit on:	
License Tag No.	State	*NOTICE: Keep this slip with vehicle. If vehicle is sold, return this slip to address below.*	
Other I.D.			
NAME AND MAILING ADDRESS		**BEAVER BROOK GARDENS** 209 Comly Road, Rental Office A-12 Lincoln Park, New Jersey 07035 (973) 696-5054	

DRIVER'S LAST NAME	FIRST	MIDDLE	PARKING PERMIT NO.	CATEGORY

Home Phone		Date Issued	Date Expires
Work Phone		Parking Permit Color	
VEHICLE MAKE/MODEL		Parking Area/Space Assignment	
Vehicle Year	Vehicle Color(s)	Put Parking Permit on:	
License Tag No.	State	*NOTICE: Keep this slip with vehicle. If vehicle is sold, return this slip to address below.*	
Other I.D.			
NAME AND MAILING ADDRESS		**BEAVER BROOK GARDENS** 209 Comly Road, Rental Office A-12 Lincoln Park, New Jersey 07035 (973) 696-5054	

Please keep this form for move in date.

APARTMENT _____ TENANT NAME _____

MOVEIN DATE_____ ACCOUNT #_____

PLEASE CALL JCP&L 1-800-662-3115
TO TURN ON THE ELECTRICITY IN YOUR NAME AND RECEIVE AN ACCOUNT NUMBER IN YOUR NAME

PLEASE BRING THIS ACCOUNT NUMBER WITH YOU TO YOUR LEASE SIGNING ALONG

WITH YOUR MOVE-IN PAYMENTS

WITHOUT AN ACCOUNT NUMBER YOU WILL NOT BE ABLE TO SIGN A LEASE NOR WILL

YOU BE GETTING KEYS TO MOVE INTO YOUR NEW APARTMENT

Your address is: 209 Comly Road apt. , Lincoln Park, N.J. 07035